

Date_____

TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, Ct. 06067
860-258-2733

APPLICATION FOR HVAC PERMIT
APPLICATION FOR WARM AIR HEATING, AIR CONDITIONING, REFRIGERATION,
VENTILATING, EXHAUST SYSTEM

Address of Job site_____ Owners Name_____

Applicant/Contractor_____ Address_____

Type of Work to be performed New Construction____ Alteration,____ Addition_____

Type of Installation: Warm Air Heating Air Conditioning Refrigeration
Ventilation Exhaust System

Make _____ Model_____ Type_____

Description of Work to be performed:_____

Size and type of duct_____

Estimated Cost of Work_____
(Value of Mat'l & Labor)

Permit Fee_____ License#_____

Signature_____

Phone #_____ Cell#_____

Heat Calculations submitted yes no

Cooling Calculations submitted yes no

Approval_____
Building Official

